

**STATE OF ALASKA DECLARATION OF CANDIDACY
U.S. CONGRESS**

Please check: ☐ My **\$100 filing fee** accompanies this Declaration of Candidacy
Please check: ☐ I acknowledge that I am responsible for contacting the Federal Election Commission for federal reporting requirements: 999 E St. NW, Washington, DC 20463

GENERAL INFORMATION (Please print or type)

I, _____, am a qualified voter as required by law and declare myself to be a resident of Alaska and a candidate for the office of (check one):

☐ **UNITED STATES SENATOR** - or - ☐ **UNITED STATES REPRESENTATIVE**

I request that my name be placed on the **August 24, 2010 Primary Election** ballot. I am registered under and am a candidate of the _____ political party.

RESIDENCY INFORMATION

My current Alaska residence address is: _____, AK _____.
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since ____/____/____. I have been a resident of Alaska since ____/____/____.
(MM / DD /YY) (MM / DD /YY)

My mailing address: _____, _____, _____, _____.
(Mailing Address) (City) (State) (Zip)

Mailing address and phone number for correspondence and the Division of Elections' web site listing:

_____, _____, _____, _____, _____.
(Official Candidate Mailing Address) (City) (State) (Zip) (Phone)

I request that my name appear on the ballot in the following manner:

_____, _____, _____, _____.
(Last Name) (First Name) (MI) (*Nickname and/or Suffix)

*The Director of Elections may not include on the ballot as part of candidate's name, any honorary or assumed title or prefix but may include in the candidate's name any nickname or familiar form of a proper name of the candidate. [AS 15.15.030(4)]

CERTIFICATION

I, the undersigned, certify that the information in this *Declaration of Candidacy* is true and complete, and that I meet the specific residency and citizenship requirements of this office. I further certify that I shall meet the age requirements upon taking the oath of office, if elected. I am not a candidate for any other office to be voted upon at the Primary election, nor am I a candidate for this office under any other *Declaration of Candidacy* or *Nominating Petition*. I also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be received by the Director of Elections in writing over my signature at least 48 days before the election.

Subscribed and sworn to before me this

_____ day of _____, 20_____.

(Candidate's Signature)

(Signature of Notary Public)

_____ (Home Phone) _____ (Work Phone)

My commission expires: _____

To assist staff in verifying candidate/voter identification, please provide one of the following:

SSN, ADL, Voter # or DOB _____

NOTARY SEAL